

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		8/1/99
O.I.P.E. CLASSIFIER			7-4-99
FORMALITY REVIEW	<i>[Signature]</i>	72223	6-15-99

INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
=	.....	Allowed	I	.....	Interference
—	(Through numeral)...	Canceled	A	.....	Appeal
+	.....	Restricted	O	.....	Objected

Claim	Final	Original	Date
1	✓	✓	10/5
2	✓	✓	2/12
3	✓	✓	2/13
4	✓	✓	4/20
5	✓	✓	6/2
6	✓	✓	12/1
7	✓	✓	2/17
8	✓	✓	2/14
9	✓	✓	2/14
10	✓	✓	10/13
11	✓	✓	10/13
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	✓	✓	✓
22	✓	✓	✓
23	✓	✓	✓
24	✓	✓	✓
25	✓	✓	✓
26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
29	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim		Date					
Final	Original						
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

Claim		Date					
Final	Original						
	101						
	102						
	103						
	104						
	105						
	106						
	107						
	108						
	109						
	110						
	111						
	112						
	113						
	114						
	115						
	116						
	117						
	118						
	119						
	120						
	121						
	122						
	123						
	124						
	125						
	126						
	127						
	128						
	129						
	130						
	131						
	132						
	133						
	134						
	135						
	136						
	137						
	138						
	139						
	140						
	141						
	142						
	143						
	144						
	145						
	146						
	147						
	148						
	149						
	150						

**If more than 150 claims or 10 actions
staple additional sheet here**

(LEFT INSIDE)